



Missouri Heart Disease and Stroke Prevention

News E-Bulletin

October 2009

Welcome to the Missouri Heart Disease and Stroke Prevention Program Electronic Newsletter! This edition will cover topical areas not covered in the June edition namely, New Announcements, Risk Factor News, Secondary Prevention News, Heart Disease and Stroke Data Developments, Missouri meetings, trainings, and conference opportunities. If you have additional topics that would be of interest to you for future editions, please contact Kris Kummerfeld, Editor, at kris.kummerfeld@dhss.mo.gov

Announcements:

World Stroke Day – October 29, 2009:

World Stroke Day 2009 will take place on October 29 with a theme - Stroke- what can I do? This question implies that everyone can do something about stroke. Individuals can learn their risk for stroke and do something about it, they can learn the symptoms of stroke and what to do about them, and they can help advance the stroke cause in many other roles: as a physician, a nurse, a healthcare professional, a patient, a caregiver, a donor, a business person, a citizen, a member of a voluntary organization, a policymaker, a member of government etc. The theme has been developed by the World Stroke Organization (WSO) to prompt individuals, groups and governments to take action against stroke either at a personal, or group level. This year they are encouraging people all over the world to run World Stroke Day events. The WSO will be delivering tools to support this activity including lists of ideas for activities and media releases. The WSO will also be providing awards to the best, most innovative and most powerful activities in different regions to recognize efforts that heighten stroke awareness.

http://www.world-stroke.org/world_day.asp

Risk Factor News:

The percentage of Americans *without* major heart disease risk factors is dropping:

Study highlights:

- The proportion of Americans rated low on key heart disease risk factors expanded during the 1980s and 1990s, but is now declining, according to national surveys.

- Only about 1 in 12 U.S. adults had a low risk profile for cardiovascular disease during 1994-2004.
- While fewer adults are smoking, an increasing proportion are developing high blood pressure or diabetes or becoming overweight or obese.

After two decades of improvement, the percentage of Americans *without* major heart disease risk factors is dropping, according to a report in *Circulation: Journal of the American Heart Association*. “From a preventive health point of view, it’s important that individuals achieve as many of these goals as possible, and it’s disappointing that less than ten percent of Americans are meeting them all,” said Earl S. Ford, M.D., M.P.H., lead author of the study and medical officer of the U.S. Public Health Services at the Centers for Disease Control and Prevention (CDC) in Atlanta, GA. “Our analysis suggests that achieving low risk status for most U.S. adults remains a distant and challenging goal. Unfortunately, the limited strides that were made towards this goal during the 1970s and 1980s were eroded by the increases in excess weight, diabetes and hypertension during more recent decades.”

Researchers tracked data on adults aged 25-74 in four national surveys, examining several low-risk criteria:

- Never or former smoker;
- Total cholesterol below 200 milligrams per deciliter (mg/dL) and not using cholesterol-lowering drugs;
- Blood pressure below 120/80 millimeters of mercury (mmHg) without using blood pressure-lowering medication;
- Not overweight or obese, as reflected in a body mass index (BMI) less than 25 kg/m²; and
- Never diagnosed with diabetes.

“Until the early 90’s, we were moving in a positive direction, but then it took a turn and we’re headed in a negative direction,” Ford said. “When you look at the individual factors, tobacco use is still headed in the right direction and so are cholesterol levels, although that has leveled off. **The problem is that blood pressure, BMI and diabetes are all headed in the wrong direction.**” An imbalance in the amount of energy consumed in food and the amount expended in physical activity is likely a major culprit in the negative risk factor trends, Ford said. “Addressing this imbalance, by people becoming more active and eating less, would reduce overweight and obesity which in turn would help to lower blood pressure and prevent diabetes,” Ford said.

Results of the study illustrate a great need for prevention, “thus, healthcare providers should have adequate resources, time and reimbursement to engage in the prevention of cardiovascular disease in patients,” researchers said. “Such efforts by clinicians need to be complemented by efforts by state and national agencies that have the responsibility to develop effective public health interventions.” Potential targets for such interventions include work sites and schools where large numbers of people can be targeted and where evidence-based interventions can be implemented.

Ford’s co-authors are: Chaoyang Li, M.D., Ph.D.; Guixiang Zhao, M.D., Ph.D.; William S. Pearson, Ph.D.; and Simon Capewell, M.D.

<http://americanheart.mediaroom.com/index.php?s=43&item=816>

Men's Health and Hypertension:

Men don't accurately perceive their risk of stroke due to their high blood pressure. High blood pressure (hypertension) is one of several risk factors for stroke, along with smoking, cardiovascular disease, diabetes, and other conditions. Yet perception of the risk of stroke among men with hypertension does not correlate with their actual risk as calculated using the Framingham Stroke Risk (FSR) scale, according to a new study. This suggests the need for better patient education on the stroke risks associated with hypertension, note the Duke University researchers. They used the FSR to calculate the actual stroke risk of 296 veterans enrolled in a study to improve hypertension control, and then asked them to assess their hypertension-related stroke risk using a 10-point scale (one as lowest risk and ten as highest risk).

About one in five men (22 percent) perceived themselves as having a high risk of stroke, which was accurate based on their high FSR. However, 78 percent of men underestimated their stroke risk as compared with their FSR. These men were significantly less likely to be worried about their blood pressure than men who accurately perceived their risk (12.4 vs. 69.6 percent). Also, those at highest stroke risk knew less about hypertension than men at lower risk. Despite major efforts to boost public awareness of stroke risk, this study suggests that patients with hypertension may not adequately translate their vascular risk factors into an accurate estimate of their stroke risk.

Developing tailored patient education materials that incorporate personal risk could be a promising strategy to correct inaccurate perceptions, suggest the researchers. Their study was supported in part by the Agency for Healthcare Research and Quality (T32 HS00079). More details are in "Perceived and actual stroke risk among men with hypertension," by Benjamin J. Powers, M.D., Eugene Z. Oddone, M.D., M.H.S., Janet M. Grubber, M.S.P.H., and others, in the April 2008 *Journal of Clinical Hypertension* 10(4), pp. 287-294.
<http://www.ahrq.gov/research/oct08/1008RA17.htm>

Small changes yield big improvements in blood pressure management:

Study Highlights:

- Researchers say small reductions in blood pressure can lead to big improvements in health, including prevention of heart attacks, stroke and heart failure.
- Blood pressure control was improved by 4.2 percent a year after simple, inexpensive interventions.
- People with high blood pressure need to become actively involved with their own care and with their healthcare team to control their blood pressure, researchers say.

Small, focused and inexpensive initiatives can significantly improve the quality of care for high blood pressure patients, researchers report in *Circulation: Cardiovascular Quality and Outcomes*. In a study of the VA-Tennessee Valley Healthcare System, a multi-faceted initiative involving patient, nurse and physician education improved high blood pressure care and control in veterans. Patient education activities were directed at raising awareness about current blood pressure and goal blood pressure, reinforced by nurses and physicians at clinic visits. Nurses distributed more than 30,000 blood pressure wallet cards to track clinic visits, document blood

pressure, update medications and provide contact information. Among the key findings, blood pressure control improved 4.2 percent among the 50,000 veterans with high blood pressure. This intervention led to another 2,335 patients with improved blood pressure control. The blood pressure control goal was 140/90 millimeters of mercury (mm Hg).

“On a population level, a 4.2 percent improvement can result in a large benefit because a few millimeters of mercury reduction in blood pressure translates into major benefits in prevention of stroke, heart attack, and congestive heart failure,” said Christianne L. Roumie, M.D. M.P.H., lead author of the study and assistant professor of internal medicine at Vanderbilt University Medical Center in Nashville, Tenn. “In my opinion, the blood pressure wallet card has been the most beneficial of the patient education interventions because it gives the patient a lot of control over their own chronic illness,” Roumie said. “It is important for patients to be actively involved with their healthcare team to improve the quality of their care and get their blood pressure to goal.” Co-authors are: Neesha N. Choma, M.D.; Robert L. Guang, M.D., M.P.H.; Robert S. Dittus, M.D., M.P.H.; and Kathy E. Burnham, R.N., M.A., B.S.N.

<http://americanheart.mediaroom.com/index.php?s=43&item=753>

Smoking, High Blood Pressure, and Diabetes May Lead to Dementia:

September 1, 2009 – Middle-aged people who smoke or have high blood pressure or diabetes are more likely to develop dementia later in life, a new study shows. In an article published online August 19 in the *Journal of Neurology, Neurosurgery and Psychiatry*, researchers suggest that controlling cardiovascular risk factors in midlife may prevent dementia later on.

“Our study population included both whites and African Americans,” lead author Alvaro Alonso, M.D., from the University of Minnesota in Minneapolis, told *Medscape Neurology*. “We were able, for the first time, to show that cardiovascular risk factors in midlife are associated with dementia later in life in both racial and ethnic groups.” Overall, African American’s had a 2.5 times higher rate of hospitalization for dementia than whites. African American women in particular had the highest rates of all.

Current smokers were 70 percent more likely than those who had never smoked to develop dementia. People with high blood pressure were 60 percent more likely than those without high blood pressure to develop dementia, and people with diabetes were more than twice as likely as those without diabetes to experience cognitive impairment.

Cardiovascular Risk Factors Associated with Dementia:

Risk Factor	Hazard Ratio	95% Confidence Interval
Smoking	1.7	1.2 to 2.5
Hypertension	1.6	1.2 to 2.2
Diabetes	2.2	1.6 to 3.0

The researchers also demonstrated that cardiovascular risk factors measured earlier in life are better predictors of dementia than risk factors measured in older age. “These results, again, support the need for paying special attention to cardiovascular risk factors in midlife,” Dr. Alonso said.

<http://jnnp.bmj.com/cgi/content/abstract/jnnp.2009.176818v1>

Secondary Prevention News:

Outcomes of Patients Discharged From Pharmacy-Managed Cardiovascular Disease Management:

Purpose of the study was to evaluate whether patients with Coronary Artery Disease (CAD) who went at their LDL -C goal would maintain lipid control after discharge from a cardiac disease management program. The authors concluded that as evidence continues to emerge supporting the aggressive use of secondary prevention medications and control of risk factors for not only patients with CAD but also other high-risk patients, healthcare systems need to determine methods to deliver comprehensive and focused care to all patients that are sustainable over time. Cardiac disease management programs deliver comprehensive and focused care. Resources typically limit delivery of care to select patients at any given time. This study demonstrates that the majority of patients will maintain lipid and blood pressure goals after discharge from such programs with minimal, systematic follow-up. The ability to discharge well-controlled patients from a disease management program may permit expanding care to other high-risk patients without the need for additional resources.

Take-Away Points:

Patients with coronary artery disease can maintain their lipid levels after discharge from a disease management program.

- Disease management programs for patients with heart disease improve processes of care and risk factor profiles for the patients enrolled; however, they are resource intensive
 - Patients can maintain lipid levels after discharge from such programs through the use of electronic laboratory reminder letters.
 - Such a system of follow-up will allow disease management programs to provide care to other high-risk populations without the need for additional resources.
 - http://www.ajmc.com/issue/managed-care/2009/2009-08-vol15-n8/AJMC_09aug_Olson_497to503
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Heart Disease and Stroke Data Developments:

Trends in Place at Death for Heart Disease and Stroke Decedents:

The declines in deaths due to heart disease and stroke among Missouri residents have been most dramatic in hospitals, followed by nursing homes, with deaths outside these facilities actually increasing. From 1995 to 2007 heart disease deaths in hospitals decreased by 36.4 percent from more than 9,000 to less than 6,000. Nursing home deaths from heart disease decreased by 15.7 percent during the same time period from about 5,000 to 4,200 while deaths outside either facility increased by 2.4 percent from 4,049 to 4,147. Similarly, stroke deaths decreased by 25 percent from 1995 to 2007 from 2,125 to 1,586, nursing home stroke deaths decreased by 17 percent and stroke deaths outside facilities increased by 20 percent. These patterns suggest that medical intervention has been a critical factor in the recent decreases in heart disease and stroke mortality in Missouri.

Preventable Hospitalizations:

Preventable hospitalizations are diagnoses for which timely and effective outpatient care can help to reduce the risk of hospitalization. Data on these preventable hospitalizations for Missouri residents can be found at <http://www.dhss.mo.gov/PreventableMICA/>. Two types of preventable hospitalization related to heart disease are congestive heart failure and hypertension. For the 1994 to 2006 period found at the MICA site, rates of hospitalizations for both of these diagnoses show slight, but statistically significant increases. From 1994 to 2006, rates of hospitalization for congestive heart failure rose 12 percent from 9.4 to 10.5 per 10,000 population, while rates for hypertension rose 29 percent from 2.1 to 2.7 per 10,000 population. The congestive heart failure rates peaked about 2002 or 2003 while the rates of hospitalization for hypertension appear to still be increasing.

2008 Vital Statistics:

Heart disease and cancer remained the state's two leading killers in 2008, but chronic lung disease surpassed stroke as Missouri's third leading cause of death. This was the first time since 1943 that stroke was not the state's third leading cause of death. Stroke, the fourth leading cause of death in 2008, actually increased slightly from 3,226 in 2007 to 3,252 deaths in 2008. But chronic lung disease deaths jumped by 22 percent, from 3,070 to 3,743. Over the last ten years, chronic lung disease deaths have increased by 37 percent in Missouri while stroke deaths have decrease by 18 percent. Other causes in the top ten in 2008, all with substantial increases in deaths, were Alzheimer's disease, pneumonia and influenza, kidney disease (nephritis & nephrosis) and blood poisoning (septicemia).

<http://www.dhss.mo.gov/FOCUS/>

New and Improved Intervention MICA Website:

The Department of Health and Senior Services (DHSS) has completed a renovation of the Intervention Missouri Information for Community Assessment (MIDA) website. Intervention MICA is now part of a web-based resource called "Community Health Improvement Resources," or CHIR, that may be accessed at www.dhss.mo.gov/CHIR. CHIR uses an evidence-based public health process to guide intervention planning and evaluation. Ten intervention topics are now included: asthma, diabetes, heart disease and stroke, immunizations, injuries from falls, motor vehicle injuries, nutrition, oral health, physical activity, tobacco use and sexual assault prevention. Colorectal cancer will be added by the end of 2009. Evidence-based strategies and interventions are provided for each topic. Live webinars are being planned to assist practitioners in utilizing the resource.

Chronic Disease Indicators Web Site Updated to include Large Metropolitan Areas:

The Community Health and Program Services Branch in the Division of Adult and Community Health, NCCDPHP is pleased to announce the release of updated data for the Chronic Disease Indicators Web site, providing users with an online tool that now allows them to compare data on the prevalence of chronic diseases in large metropolitan areas, as well as at state and national levels. With the new version of the website, users will be able to generate profiles comparing the

prevalence of chronic disease in 38 large metropolitan areas, such as Fulton County (Atlanta), King County (Seattle), Maricopa County (Phoenix), and New York City.

The CDC Web site draws upon numerous data sets to collect information on 98 chronic disease indicators, including measures related to physical activity, tobacco use, cancer, diabetes, arthritis, cardiovascular disease, and other conditions and behaviors. The information is used by state health departments, chronic disease directors, academic institutions, and researchers to guide and inform public health practice.

The website is available at www.cdc.gov/nccdphp.cdi. For more information, contact Paul Siegel at 488-5269, Division of Adult and Community Health.

Meetings and Trainings:

TIME CRITICAL DIAGNOSIS (TCD) SYSTEM 2009 FALL MEETINGS:

An overview of Missouri's new TCD System and highlights of draft proposed regulations for Stroke and STEMI Centers will be provided during six regional meetings this fall. Participants will have the opportunity to formally submit comments about the draft regulations. Audience: In-hospital professionals (administration, Emergency Department, Stroke and STEMI in-patient care clinicians, and other related clinicians interested in Stroke and STEMI patients); Out-of-hospital professionals providing emergency medical services. There is no cost to attend and registration is not required. Note that registration is required for the November 17 Statewide TCD Meeting that will provide a synopsis of the input received during the Regional Meetings. Professional education and quality assurance plans to support TCD Stroke and STEMI Centers and TCD public education strategies will be discussed. Check out the "Calendar Of Meetings" attached to end of this newsletter. For more information contact Karen Connell at karen.connell@dhss.mo.gov

INTERVENTION MICA/CHIR WEBINARS:

Free live webinars are scheduled to provide an orientation to the recently renovated Intervention MICA website, now part of the "Community Health Improvement Resources," or CHIR, website that may be accessed at www.dhss.mo.gov/CHIR. Participants must have access to a computer for viewing the webinar and a telephone for audio. Each webinar is limited to 30 toll-free telephone lines. Additional dates will be scheduled later if needed. Webinar dates, times, and the link for registration are as follows:

October 2, 2 p.m. to 3:15 p.m. – Register at <https://www2.gotomeeting.com/register/427620859>

October 5, 10 a.m. to 11:15 a.m. – Register at <https://www2.gotomeeting.com/register/868069522>

October 7, 2 p.m. to 3:15 p.m. – Register at <https://www2.gotomeeting.com/register/289997330>

October 14, 10 a.m. to 11:15 a.m. – Register at <https://www2.gotomeeting.com/register/788559162>

For more information, contact Janet Wilson at Janet.Wilson@dhss.mo.gov

HEALTHY PEOPLE 2020 PUBLIC MEETING – October 22:

The University of Kansas Medical Center in Kansas City, KS, in collaboration with the U.S. Health and Human Services (HHS) Region VII office, will host a tri-regional (15 states) meeting of the Healthy People 2020 program on October 22. Participants will be provided the draft set of Healthy People 2020 topic areas, objectives, and meeting materials in advance of the public meeting date. This meeting provides the opportunity for public health officials, health care providers, advocates, academia, students, organizations, and others to comment for the record on any one of the 38 broad topic areas covered by Healthy People. The meeting will be held at the Battenfield Auditorium, 3901 Rainbow Blvd, Kansas City, KS and will accommodate 700 people. Registration information and a draft agenda are available on the Healthy People website: <http://www.healthypeople.gov/hp2020>. Click on “2009 Public Meetings” and select the Kansas City meeting to register. This site also can be used to make public comments regarding Healthy People 2020.

Conference Opportunities:

The 12th Annual Stroke Symposium: Impacting Care, Improving Outcomes

Friday, October 23, 2009

8:00 A.M.—5:00 P.M.

Intercontinental Hotel at the Plaza

Kansas City, MO

Target Audience: Physicians, Nurses, Allied Health, Emergency Medical Systems Personnel, Emergency Department Physicians and Staff

For more information, please call 913- 652-1918.

MO Heart Disease and Stroke Prevention Program Calendar of Meetings (attached)

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MO HEART DISEASE AND STROKE PREVENTION PROGRAM CALENDAR OF EVENTS

September 2009

Date	Name of Event	Time	Location	More Info.
9/28/09	Free Chronic Disease Self-Management Program	1:30 p.m. - 3:30 p.m.	St. Therese Church Wooldrige Center Library	Stacy Benninghoff 816-587-5998 bennis@lpha.mopublic.org
9/29/09	Missouri Time Critical Diagnosis (TCD) System Stroke and STEMI Centers Fall 2009 Meetings	4:00 p.m. - 6:00 p.m.	James C. Kirkpatrick State Information Center - Auditorium 600 West Main Jefferson City, MO	Beverly Smith 573-525-0723 Beverly.Smith@dhss.mo.gov
9/30/09	Missouri Time Critical Diagnosis (TCD) System Stroke and STEMI Centers Fall 2009 Meetings	4:00 p.m. - 6:00 p.m.	Cape Girardeau Public Library Oscar-Hirsch Room 711 N. Clark Street Cape Girardeau, MO	Beverly Smith 573-525-0723 Beverly.Smith@dhss.mo.gov

October 2009

Date	Name of Event	Time	Location	More Info.
10/1/09	Missouri Time Critical Diagnosis (TCD) System Stroke and STEMI Centers Fall 2009 Meetings	1st session 4:00 p.m. - 5:30 p.m. 2nd session 5:30 p.m. - 7:00 p.m.	St. Louis Public Library-Schlaflly Branch Auditorium 225 N. Euclid Ave. St. Louis, MO	Beverly Smith 573-525-0723 Beverly.Smith@dhss.mo.gov
10/5/09	Free Chronic Disease Self-Management Program	1:30 p.m. - 3:30 p.m.	St. Therese Church Wooldrige Center Library	Stacy Benninghoff 816-587-5998 bennis@lpha.mopublic.org
10/5/09	Missouri Time Critical Diagnosis (TCD) System Stroke and STEMI Centers Fall 2009 Meetings	4:30 p.m. - 6:00 p.m.	Truman University Student Union Building Alumni Room-2105 100 E. Normal Kirksville, MO	Beverly Smith 573-525-0723 Beverly.Smith@dhss.mo.gov

October 2009 Continued

Date	Name of Event	Time	Location	More Info.
10/6/09	Missouri Time Critical Diagnosis (TCD) System Stroke and STEMI Centers Fall 2009 Meetings	5:30 p.m. - 7:00 p.m.	Health Care Foundation of Greater Kansas City Pioneer College First Floor-Pioneer Auditorium 2700 E 18th Street Kansas City, MO	Beverly Smith 573-525-0723 Beverly.Smith@dhss.mo.gov
10/7/09	Missouri Time Critical Diagnosis (TCD) System Stroke and STEMI Centers Fall 2009 Meetings	4:30 p.m. - 6:00 p.m.	The Library Center-Auditorium 4653 South Campbell Springfield, MO	Beverly Smith 573-525-0723 Beverly.Smith@dhss.mo.gov
10/12/09	Free Chronic Disease Self-Management Program	1:30 p.m. - 3:30 p.m.	St. Therese Church Wooldrige Center Library	Stacy Benninghoff 816-587-5998 bennis@lpha.mopublic.org
10/19/09	Free Chronic Disease Self-Management Program	1:30 p.m. - 3:30 p.m.	St. Therese Church Wooldrige Center Library	Stacy Benninghoff 816-587-5998 bennis@lpha.mopublic.org
10/22/09	Healthy People 2020 Public Meeting	All Day	Kansas University Medical Center Battenfeld Auditorium 3901 Rainbow Boulevard Kansas City, KS	http://www.healthypeople.gov/hp2020/regional/default.asp

November 2009

Date	Name of Event	Time	Location	More Info.
11/17/09	Missouri Time Critical Diagnosis (TCD) System Statewide Meeting	9:00 a.m. - 4:00 p.m.	Hilton Garden Inn 3300 Vandiver Dr. Columbia, MO	Beverly Smith 573-526-0723 Beverly.Smith@dhss.mo.gov